



ASBESTOS CONTRACTOR LICENCE APPLICATION

North Dakota Department of Health
Asbestos Control Program
SFN 16611 12/05

APPLICATION REQUIREMENTS:

1. A check or money order payable to the North Dakota Department of Health in the amount of \$150. Credit card payment is also available by calling 701.328.5188. An additional 2.5% is added to credit card payments.
2. Send the application to:

North Dakota Department of Health
Division of Air Quality, 2nd Floor
918 East Divide Avenue
Bismarck, ND 58501-1947
Phone: 701.328.5188
Fax: 701.328.5185

OFFICE USE ONLY

Do not write in this space

Check Number _____

Check Amount _____

Credit Card ☐ Yes ☐ No

Date Approved _____

License Number _____

Business Information:

Name of Business		Business Contact Person	
Business Address		City	
State	Zip	Telephone Number	
Has this business ever had a ND Asbestos Abatement Contractor License? <input type="checkbox"/> Yes, license Number _____ <input type="checkbox"/> No			
Has this business ever had any asbestos license application denied; or any asbestos license suspended or revoked by a state, federal, or local government agency? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, attach additional sheets explaining the situation.			
If applicable, on additional sheets explain all asbestos related enforcement actions taken against your company by a state, federal, or local government agency during the past two years.			
Registration with the ND Secretary of State is required before a ND Asbestos Abatement Contractor License can be issued. Is this business registered with the ND Secretary of State? <input type="checkbox"/> Yes, ID# _____ <input type="checkbox"/> No For more information on registration, contact the ND Secretary of State Corporate and Business Division at 701-328-4284.			
If your business performs asbestos removal, a ND General Contractor License is required before a ND Asbestos Abatement Contractor License can be issued. If applicable, what is your ND General Contractor License number? _____ For information about the ND General Contractor License, contact the ND Secretary of State Licensing Div. at 701-328-3665.			

Services Performed by the Business:

Check the appropriate service(s) your company provides and supply the name of one employee of the company certified in North Dakota to perform that service.		
<input type="checkbox"/> Asbestos Removal (Includes repair, encapsulation & enclosure)	Name of Supervisor	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Inspection	Name of Inspector	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Management Planning	Name of Management Planner	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Project Design	Name of Project Designer	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Project Monitoring	Name of Project Monitor	Certificate No. and Expiration Date

Certification:

The application must be signed by the owner, president, chairman of the board, or chief executive officer of the business. I certify that the information included with this application is true and accurate.	
Name (printed)	Title
Signature	Date